FEDERAL LAW ENFORCEMENT TRAINING CENTER
DEPARTMENT OF THE TREASURY

FINANCIAL FRAUD INSTITUTE

Training ★ Technology ★ Vision

Syllabus

HEALTH CARE FRAUD INVESTIGATIONS TRAINING PROGRAM

Developed and Presented in cooperation with
Health and Human Services - Office of Inspector General

HEALTH CARE FRAUD INVESTIGATIONS
TRAINING PROGRAM
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GENERAL INFORMATION

HISTORY AND PURPOSE OF THE HEALTH CARE FRAUD INVESTIGATIONS TRAINING PROGRAM

In a recent study by the Government Accounting Office (GAO), Health Care Fraud was estimated to cost the United States between 30 -100 billion dollars per year. Criminals are being drawn to this very lucrative area of financial fraud that has historically not been investigated and prosecuted to the extent it should. In the past, law enforcement has not had the resources or knowledge necessary to combat this emerging white-collar crime. In 1996, Attorney General Janet Reno designated health care fraud one of the top priorities for Department of Justice prosecutions, second only to violent crimes. The Department of Health and Human Services, Office of Inspector General, Office of Investigations and the Federal Bureau of Investigation have recently found trends which show that organized crime groups and convicted drug dealers are now involved in health care fraud due to the unprecedented illegal financial gains.

Health care fraud in the United States remains a serious problem that has an impact on all health care payers, and affects every person in this country. Health care fraud cheats taxpayers out of billions of dollars every year. Tax dollars alone do not show the full impact of health care fraud on the American people. Beneficiaries must pay the price for health care fraud in their copayments and contributions. Fraudulent billing practices may also disguise inadequate or improper treatment for patients, posing a threat to the health and safety of countless Americans, including many of the most vulnerable members of our society.

Due to this increase in health care fraud, and the fact that traditional criminal organizations are now profiting from this under enforced area, the Financial Fraud Institute at the Federal Law Enforcement Training Center has implemented a training program which will teach law enforcement investigators and private health insurance investigators how to combat this emerging criminal enterprise. The program will draw from the strengths and knowledge of the Federal, State, local and private investigations community and will introduce the latest techniques for investigating health care fraud. The goal of this program is to bring together traditional law enforcement with their private industry counterparts to form an investigative partnership against the emergence of fraud in the health care system.

ADMINISTRATION

Applicants should contact the Federal Law Enforcement Training Center, (FLETC) Scheduling and Allocation Division at (912) 267-2421 for enrollment information. Upon acceptance into a program, a confirmation letter with details on housing, transportation, and schedule will be mailed to the participant.

All training participants will report to the classroom by 7:30 a.m. on the first day of training. They should check in at the FLETC on the previous evening. The FLETC reserves the right to deny participation to anyone with an unexcused late arrival.

Length of Program

The training program encompasses 9 days, traveling on Monday of the first week. The training program begins on Tuesday of the first week, and ends Thursday afternoon of the second week. There is a total of 61 course hours in the program.

Standard Daily Schedule

Morning Session	07:30 A.M. - 11:30 A.M.
Lunch	11:30 A.M. - 12:30 P.M.
Afternoon Session	12:30 P.M. - 04:30 P.M.

Classes are about 50 minutes in length with breaks scheduled according to subject matter being presented and the status of the instructional practical exercise or lab activity.

Depending on the level of knowledge of students, the program coordinator does reserve the right to schedule mandatory after hours training to bring students' knowledge up to the level expected for attendance to this training program.

On the last day of scheduled training, the training program will conclude at approximately 10:30 A.M. Due to FLETC transportation requirements, airline departure should not be scheduled earlier than 2:00 P.M. The FLETC reserves the right to deny graduation from the training program for any student departing from the training program early.

Program Cost

Fees cover all costs including room, board, materials and supplies. These supplies include 1 compact disk which contains HIPPA regulations. Participants are

responsible for their own transportation expenses to FLETC. Since costs vary from year to year, they list the participant fee for programs in the annual schedule of classes.

The Health Care Fraud Investigations Training Program (HCFITP) provides tools, equipment and software to participants as part of the tuition. Students leave with knowledge and practice in conducting a Health Care Fraud Investigation Training Program with the latest resources available.

Location

All training is conducted at the FLETC, Glynco, Georgia, an interagency training facility located 6 miles north of Brunswick, Georgia and approximately 75 miles equidistant between Savannah, Georgia and Jacksonville, Florida. It is located near the beach resorts of St. Simons Island, Sea Island and Jekyll Island, Georgia. The climate is moderate and lends itself to year-round outdoor training.

The HCFITP is also offered as an export program.

Photograph/Dress Code

On the second day of the training program, a class photograph will be taken. All students are required to be in the photograph, but are not required to purchase the photograph. The cost of the photograph is not included in any fees paid to the FLETC. Students should bring clothing appropriate for a class photograph (i.e. jacket/tie for males, suit/dress for females).

Other than when the class photograph is taken, and days designated by the program coordinator for practical exercises, the dress code for class is business casual: collared shirt/slacks (no jeans, shorts or t-shirts).

Qualifications for Attendance

This training program is designed for federal agencies as well as state, local, and private personnel who have a vested interest in conducting Health Care Fraud Investigations. It is expected that the training participant will be an experienced investigator with a practical knowledge of, and experience in, criminal law, Federal Court Procedures, and other investigative related areas. However, the training program is also open to certain non-investigators who routinely work as part of the investigative team.

Student Evaluation

In order to satisfy all requirements for graduation from the HCFITP and receive a graduation certificate, training participants must accomplish the following:

Attendance: Training participants must be present for every class presented within the HCFITP. Any emergencies that surface during the training program requiring student absence from class must be discussed with the Program Coordinator and the Program Manager. Court appearances or other job related absences would not excuse students from class. An unexcused absence from class will result in failure to graduate from the training program; a letter of attendance will be sent in lieu of a graduation certificate.

Practical Exercises: The HCFITP is a progressive training program. Each student must successfully complete the practical exercise. The practical exercise will be administered throughout the entire program and will be chosen from 5 different investigative scenarios in order to test knowledge as well as investigative planning techniques. The practical exercise will encourage teamwork and will incorporate the analysis of medical claims and other financially related aspects of a health care fraud case. Training participants will successfully complete the training program by completing the following practical exercises:

1. Students will be provided with a Health Care Financing Administration (HCFA) compact disk to locate statutes relevant to many health care fraud cases.
2. Students will be broken into teams and given a practical exercise scenario that will be filtered through the entire training program. The student will have to research health care statutes; download and query relevant case information; formulate an investigative plan; and present the case to an Assistant U.S. Attorney for prosecution.

3. Students will be provided with a diskette, which will contain beneficiary medical claim information. The students will be taught how to analyze and manipulate the medical claims data using various computer software programs.

4. Students will become familiar with Financial Investigative Techniques and will be provided with a portion of the practical exercise to utilize the different methods.

5. Students will be provided an Introduction to PowerPoint as a means to convey the group's case to an Assistant U.S. Attorney for prosecution.

ADDITIONAL INFORMATION

Additional information concerning the HCFITP may be obtained by contacting:

Federal Applicants:

HCFITP Coordinator: Rand Hawley
Federal Law Enforcement Training Center
Financial Fraud Institute
Glynco, Georgia 31524

912/267-3127
or FAX us with your request at 912/267-2500

State/Local Applicants:

Director
Federal Law Enforcement Training Center
Office of State/Local Training
Glynco, Georgia 31524
912/267-2345 or 800/743-5382

PARTICIPATING AGENCIES

The following are the participating agencies at the Federal Law Enforcement Training Center (FLETC):

EXECUTIVE BRANCH

AGRICULTURE
Forest Service

COMMERCE
National Institute of Standards and Technology
National Marine Fisheries Service
Office of Security
Office of Export Enforcement

HEALTH AND HUMAN SERVICES
Food & Drug Administration
National Institute of Health

INTERIOR
Bureau of Indian Affairs
Bureau of Land Management
Bureau of Reclamation
National Park Service
Office of Surface Mining, Reclamation & Enforcement
U.S. Fish and Wildlife Service

JUSTICE
Bureau of Prisons
Drug Enforcement Administration
Immigration and Naturalization Service
U.S. Marshals Service

STATE
Bureau of Diplomatic Security

TRANSPORTATION
Federal Aviation Administration
U.S. Coast Guard

TREASURY
Bureau of Alcohol, Tobacco and Firearms
Bureau of Engraving and Printing

Financial Crimes Enforcement Network (FinCEN)
Internal Revenue Service
U.S. Customs Service
U.S. Mint
U.S. Secret Service

DEFENSE

Defense Protective Service
Naval Investigative Service
National Security Agency

PRESIDENT'S COUNCIL ON INTEGRITY AND EFFICIENCY

Inspectors General Offices

Agency for International Development
Department of Agriculture
Department of Commerce
Department of Defense
Department of Education
Department of Energy
Department of Health and Human Services
Department of Housing and Urban Development
Department of Interior
Department of Justice
Department of Labor
Department of State
Department of Transportation
Department of Treasury
Environmental Protection Agency
Federal Deposit Insurance Corporation
Federal Emergency Management Agency
General Services Administration
Government Printing Office
National Aeronautics and Space Administration
Nuclear Regulatory Commission
Office of Personnel Management
Railroad Retirement Board
Small Business Administration
United States Information Agency
Veterans Administration

LEGISLATIVE BRANCH

CONGRESS

Government Printing Office
Library of Congress Police
U.S. Capital Police

JUDICIAL BRANCH

SUPREME COURT
Supreme Court Police

INDEPENDENT

AMTRAK
Northeast Corridor Police

CENTRAL INTELLIGENCE AGENCY
Office of Security

ENVIRONMENTAL PROTECTION AGENCY
Office of Criminal Investigations

FEDERAL EMERGENCY MANAGEMENT AGENCY
Security Division

GENERAL SERVICES ADMINISTRATION
Office of Federal Protective Service

SMITHSONIAN
National Zoological Park Police
Office of Protective Service

TENNESSEE VALLEY AUTHORITY
Office of the Inspector General
Public Safety Service

U. S. POSTAL SERVICE
Postal Inspection Service--Postal Police

PROGRAM SUMMARY

The HEALTH CARE FRAUD INVESTIGATIONS TRAINING PROGRAM is an interagency program developed by the FLETC in coordination with representatives of several Federal and state and local law enforcement agencies. The purpose of the training program is to prepare law enforcement officers and support personnel to conduct Health Care Fraud investigations.

Course instruction is primarily the responsibility of the Financial Fraud Institute. Guest lecturers from several Federal, state and local law enforcement agencies are used to enhance FLETC instruction. Participants respond favorably to instructors who are conducting Health Care Fraud investigations in the field, and enjoy learning from their achievements as well as their mistakes.

The training program includes a series of several practical exercises used for evaluation purposes. The practical exercises are constructed around an investigative scenario, which has been designed in such as way as to provide as much realism as possible in a training environment. All situations contained in the exercises are gleaned from actual investigations, although contexts and names have been altered for training purposes.

The course descriptions and objectives listed herein are presented in this format: course title, length and method of presentation, description, objectives and method of evaluation. The length of the courses are presented in hour and minute notations.

The primary methods of presentation are listed in the following formats:

LECTURE/CLASSROOM: A training situation, indoors or outdoors, in which instructional material is being presented by an instructor.

LABORATORY: A training situation, indoors or outdoors, in which students are practicing skills under guidance of an instructor.

PRACTICAL EXERCISE:	A training situation indoors or outdoors, in which students, under supervision and evaluation of an instructor(s), are participating in a law enforcement related scenario or performing a law enforcement related skill that may be graded.

OBJECTIVES

At the conclusion of this training program, the training participant will have demonstrated, through the successful completion of several practical exercises that he/she has a functional knowledge of:

- Health Care Fraud Statutes
- Sources of Information
- Financial Investigative Techniques
- Medical Records
- Cost Reports
- Various Health Care Fraud Schemes
- Emerging Issues in Health Care Fraud

These objectives will be addressed through lecture, discussion, and various types of practical exercises involving investigative scenarios and demonstrations of relevant techniques.

PROGRAM OF INSTRUCTION

HEALTH CARE FRAUD INVESTIGATIONS TRAINING PROGRAM
(HCFITP)

COURSE TITLE: Overview of Health Care Insurance and General Fraud Schemes

LENGTH OF PRESENTATION:

Lecture	Laboratory	Practical Exercise	Total
3:00			3:00

DESCRIPTION:

This course of instruction gives the student a fundamental understanding of the Medicare, Medicaid, other government and private insurance health care plans. To provide this understanding the course focuses on the different types of health care providers; the types of insurance claims filed by these providers and the various departments within the insurance company that deal with providers.

TERMINAL PERFORMANCE OBJECTIVE:

The student will identify the components of a good fraud case referral. The student will identify the internal resources within the insurance company that are sources of subject contacts and/or correspondence. The student will identify the role of government insurance contractors.

INTERIM PERFORMANCE OBJECTIVES:

1. Describe the various health care insurance programs.

2. Define the differences between Medicare Part A and Part B.

3. Describe the types of medical insurance claims filed.

4. Identify the departments within insurance companies that can be of assistance to the investigator.

5. Describe possible fraud situations.

METHOD OF EVALUATION: Completion of Course.

COURSE TITLE: Health Care Fraud Statutes & Parallel Proceedings

LENGTH OF PRESENTATION:

Lecture	Laboratory	Practical Exercise	Total
6:00			6:00

DESCRIPTION:

This course gives the student a fundamental understanding of the criminal and civil statutes applicable to health care fraud. These include Title 18 statutes generally applicable to white collar crime and money laundering, the Title 42 Medicare and Medicaid fraud statute; and Title 26 tax fraud statutes as well as the new health care statutes enacted under HIPAA and the Civil False Claims Act. The student will have a fundamental understanding of the litigation strategy in health care fraud cases, whereby criminal and civil investigations are conducted concurrently. The student will become familiar with Qui Tam complaints and their impact on health care investigations. Finally, the student will have a fundamental understanding of how health care fraud matters are processed at the United States Attorneys' Office.

TERMINAL PERFORMANCE OBJECTIVE:

At the conclusion of this course the student will have an understanding of what statutes are applicable in the area of health care fraud. The student will be able to apply these laws to their health care investigations and determine which laws have been violated based on the fact patterns involved and the elements of proof in each of the statutes.

INTERIM PERFORMANCE OBJECTIVES:

1. Delineate the Title 18 criminal statutes applicable to health care fraud and illustrate their applicability.

2. Describe the Title 42 Medicare/Medicaid fraud statute.

3. Discuss the applicability of the money laundering statutes to health care fraud.

4. Discuss the Title 26 tax laws and the applicability to health care fraud.

5. Discuss the new HIPAA laws and their impact on health care fraud investigations.

6. Define the Civil False Claims Act and how it has been utilized in the area of health care fraud.

7. Define parallel proceedings and the benefits of such a strategy.

8. Define the Qui Tam provisions of the False Claims Act and the impact of these provisions. This discussion is continued through a case study.

METHOD OF EVALUATION: Course Completion.

COURSE TITLE: Provider Fraud Profiles & Trends

LENGTH OF PRESENTATION:

Lecture	Laboratory	Practical Exercise	Total
8:00			8:00

DESCRIPTION:

This course will address six (6) health care provider types and the types of fraud prevalent within each group.

TERMINAL PERFORMANCE OBJECTIVE:

The student will receive a fundamental understanding of 6 provider types and the common fraud schemes committed by each group through lecture and case study analysis.

INTERIM PERFORMANCE OBJECTIVES:

1. Identify fraud schemes committed by Durable Medical Equipment suppliers.

2. Identify fraud schemes committed by Home Health Care providers.

3. Identify fraud schemes committed of Laboratories.

4. Identify fraud schemes of Hospitals/Nursing Homes.

5. Identify fraud schemes of Ambulance services.

6. Identify fraud schemes of Physicians.

METHOD OF EVALUATION: Practical Exercise and Completion of Course.

COURSE TITLE: Psychiatric Fraud

LENGTH OF PRESENTATION:

Lecture	Laboratory	Practical Exercise	Total
2:00			2:00

DESCRIPTION:

This course gives the student a fundamental understanding of the types of fraud prevalent in the area of psychiatry. This course will discuss fraud trends in both in-patient and out-patient psychiatric venues as well as describe the new trends forthcoming in psychiatric partial hospitalization programs.

TERMINAL PERFORMANCE OBJECTIVE:

At the conclusion of this course the student will have an understanding of the types of fraud unique to the psychiatric field as well as have an understanding of the best ways to investigate these matters via the use of case studies. The student will also have an understanding of the emerging fraud trends in the area of partial hospitalization programs.

INTERIM PERFORMANCE OBJECTIVES:

1. Discussion of in-patient psychiatric fraud and a discussion of the National Medical Enterprises investigation.

2. Discussion of out-patient psychiatric fraud via a case study.

3. Discussion of partial hospitalization programs and the fraud trends prevalent within this emerging field.

METHOD OF EVALUATION: Completion of course.

COURSE TITLE: Financial Investigative Techniques

LENGTH OF PRESENTATION:

Lecture	Laboratory	Practical Exercise	Total
2:00		1:00	3:00

DESCRIPTION:

This course of instruction gives the student hands-on applications of tracing funds and identifying assets acquired from a health care fraud scheme.

TERMINAL PERFORMANCE OBJECTIVE:

The student will describe how financial leads are pursued during an investigation. The student will know what is necessary to document the flow of funds from the initial criminal act to financial accounts, to the acquisition of assets, expenditures, etc. A practical exercise will allow the student to demonstrate his or her knowledge acquired from the course material.

INTERIM PERFORMANCE OBJECTIVES:

1. Describe at least 4 techniques one can use to uncover financial information relative to the targets of an investigation.

2. Describe relevant bank records one would obtain and analyze during an investigation.

3. Identify at least 4 types of records, other than bank records which may be obtained and analyzed to trace the flow of funds and identify assets during an investigation.

METHOD OF EVALUATION: Practical Exercise B Analyze Financial Documents and determine suspicious activity.

COURSE TITLE: Introduction to Case Organization & Presentation

LENGTH OF PRESENTATION:

Lecture	Laboratory	Practical Exercise	Total
2:00		2:00	4:00

DESCRIPTION:

This course of instruction gives the student hands-on experience in organizing and presenting a health care fraud case for prosecution.

TERMINAL PERFORMANCE OBJECTIVE:

At the conclusion of this period of instruction the student will be able to identify methods for the efficient organization, retrieval, and analysis of information obtained during the investigative process.

INTERIM PERFORMANCE OBJECTIVES:

1. Describe the development of a Acomplex@ investigation.

2. Describe how a spreadsheet/database can be used to organize and retrieve investigative work product.

3. Describe how a spreadsheet/database can be used to organize, retrieve, and analyze financial transactions.

4. Describe how a spreadsheet/database can be used to organize, retrieve, and analyze other types of substantive evidence.

5. Discuss application of spreadsheet/database during the investigative, pre-trial, and trial stages of an investigation.

METHOD OF EVALUATION: Practical Exercise B Organize, assemble and present a Health Care Fraud Investigation for prosecution.

COURSE TITLE: Data Analysis in Health Care Investigations

LENGTH OF PRESENTATION:

Lecture	Laboratory	Practical Exercise	Total
2:00		2:00	4:00

DESCRIPTION:

This course will prepare the student for conducting a medical claims analysis to identify unusual trends or patterns, which may in conjunction with other leads identify indicators of fraud.

TERMINAL PERFORMANCE OBJECTIVE:

The student will learn to query an information database of medical claims. The analysis, which is based on multiple variables will enable the student to identify unusual trends and patterns to assist in establishing a health care fraud investigation.

INTERIM PERFORMANCE OBJECTIVES:

1. Identify the various data fields on a claims database.

2. Query the database using multiple scenarios and variables.

3. Analyze the results of a query.

4. Comprise raw data and apply it towards the investigation.

METHOD OF EVALUATION: Practical Exercise B Analyze a Data Download and determine probable fraudulent activity.

COURSE TITLE: Health Care Sources of Information and Investigative Tools

LENGTH OF PRESENTATION:

Lecture	Laboratory	Practical Exercise	Total
1:00		2:00	3:00

DESCRIPTION:

This course will prepare the student to devise an investigative plan.

TERMINAL PERFORMANCE OBJECTIVE:

The student will be able to prepare an investigative plan. In addition, the student will be able to prepare a patient interview outline. The student will be able to identify sources of information that are available through businesses, financial institutions and government entities. Furthermore, the student will be able to query property information and locate people and businesses utilizing investigative databases.

INTERIM PERFORMANCE OBJECTIVES:

1. Identify potential sources of information within insurance companies.

2. Identify the different types of records available from insurance companies.

3. Identify the types of records needed to initiate an investigation.

4. Identify the various tools used to obtain information.

5. Illustrate how to review referrals, records and claims for an investigation.

METHOD OF EVALUATION: Practical Exercise - Development of an investigative plan.

COURSE TITLE: Undercover Operations

LENGTH OF PRESENTATION:

Lecture	Laboratory	Practical Exercise	Total
1:00			1:00

DESCRIPTION:

As crimes in health care become more sophisticated, the tools used by law enforcement agents must correspond. Undercover operations are becoming more prevalent in health care fraud investigations. This course will examine successful undercover operations that have assisted in the prosecution of major fraud schemes.

TERMINAL PERFORMANCE OBJECTIVE:

The student will identify successful methods used in health care fraud undercover operations.

INTERIM PERFORMANCE OBJECTIVES:

1. State the purpose of undercover operations.

2. Identify undercover operations that have been successfully utilized in conducting health care fraud investigations.

3. Identify the responsibilities of agency personnel involved in undercover operations.

METHOD OF EVALUATION: Completion of Course.

COURSE TITLE: Staged Accident Schemes

LENGTH OF PRESENTATION:

Lecture	Laboratory	Practical Exercise	Total
1:00			1:00

DESCRIPTION:

This course of instruction will introduce the student to staged accident schemes, the players involved, and the impact on the health care industry.

TERMINAL PERFORMANCE OBJECTIVE:

At the conclusion of this course, the student will be familiar with various staged accident schemes employed by organized crime groups. The student will know how a capper, a lawyer, and a medical practitioner effect these schemes.

INTERIM PERFORMANCE OBJECTIVES:

1. Describe the types of staged accident schemes.

2. Describe the roles of a capper, lawyer, and medical practitioner with regards to staged accident schemes.

3. Identify the vulnerable areas of fraud within the medical industry with regard to staged accident schemes.

METHOD OF EVALUATION: Completion of Course.

COURSE TITLE: Reviewing Medical Records

LENGTH OF PRESENTATION:

Lecture	Laboratory	Practical Exercise	Total
2:00		1:00	3:00

DESCRIPTION:

This course will introduce students to medical records so that they will be able to analyze them during the course of their investigation.

TERMINAL PERFORMANCE OBJECTIVES:

The student will recognize medical records and be knowledgeable of the information contained therein. Specific medical codes will be reviewed as well as the forms used to file claims.

INTERIM PERFORMANCE OBJECTIVES:

1. List the types of medical records maintained by hospitals.

2. List the types of medical records maintained by nursing homes.

3. List the types of medical records maintained by physicians.

4. List the types of medical records maintained by Home Health Administrators.

5. List the types of medical records maintained by Durable Medical Equipment suppliers.

6. Identify questioned documents.

METHOD OF EVALUATION: Practical Exercise and Course Completion.

COURSE TITLE: Cost Reports

LENGTH OF PRESENTATION:

Lecture	Laboratory	Practical Exercise	Total
2:00			2:00

DESCRIPTION:

Cost reports are used by various health care providers in order to get reimbursement from the Medicare program. The cost reporting process opens itself to fraud due to the lack of oversight. This course will focus on different ways that health care providers place fraudulent expenses into the cost report.

TERMINAL PERFORMANCE OBJECTIVE:

The student will describe the cost reporting process as it relates to health care reimbursements.

INTERIM PERFORMANCE OBJECTIVES:

1. Define cost reports and the providers that submit them.

2. Identify the reimbursement process for cost reports.

3. Identify fraudulent practices used in the cost reporting process.

4. Identify procedures used to investigate cost report fraud.

METHOD OF EVALUATION: Completion of Course.

COURSE TITLE: Emerging Issues (Managed Care)

LENGTH OF PRESENTATION:

Lecture	Laboratory	Practical Exercise	Total
2:00			2:00

DESCRIPTION:

Many consumers are utilizing Managed Care Organizations (MCOs) to service health care needs. There are many types of MCOs, whereby contractual relationships differ between the care provider and the insurance company. These new relationships trigger fraud trends which should be considered by agents in future investigations.

TERMINAL PERFORMANCE OBJECTIVE:

The student will have a general understanding of how under utilization of care is a factor with MCO's vs. the traditional utilization of care.

INTERIM PERFORMANCE OBJECTIVES:

1. Describe a Managed Care Organization.

2. Identify three common types of MCO's.

3. Describe how fee for service differs from capitated payment systems.

4. Describe a type of fraud affecting MCO's.

METHOD OF EVALUATION: Completion of Course

COURSE TITLE: Introduction to Power Point

LENGTH OF PRESENTATION:

Lecture	Laboratory	Practical Exercise	Total
2:00			2:00

DESCRIPTION:

This course is an introduction to Microsoft Power Point. It is designed to provide an exposure to Microsoft Power Point and its utilization as a case presentation tool.

TERMINAL PERFORMANCE OBJECTIVE:

Given an IBM Compatible microcomputer, printer, and Microsoft Power Point software, the student will become familiar with how to use this software in order to make a case presentation.

INTERIM PERFORMANCE OBJECTIVES:

1. Access Microsoft Power Point software.

2. Describe the functions of the software.

3. Create a slide presentation with graphical images.

4. Save the presentation.

METHOD OF EVALUATION: Completion of Course.

COURSE TITLE: Introduction to Money Laundering Methods and Techniques

LENGTH OF PRESENTATION:

Lecture	Laboratory	Practical Exercise	Total
2:00			2:00

DESCRIPTION:

This course is an introduction to Money Laundering Methods and Techniques. It is designed to provide the student with an exposure to Money Laundering and its utilization in a Health Care Fraud Investigation.

TERMINAL PERFORMANCE OBJECTIVE:

The student will become familiar with how to identify money laundering and how to fulfill the elements of the applicable statutes when conducting a Health Care Fraud Investigation.

INTERIM PERFORMANCE OBJECTIVES:

1. Define the term “money laundering”.

2. Identify the three common stages of the money laundering process.

3. Describe the common misconceptions about money laundering.

4. Define the term “Specified Unlawful Activity” and describe how it applies to money laundering.

METHOD OF EVALUATION: Completion of Course.

COURSE TITLE: Organized Crime in Health Care

LENGTH OF PRESENTATION:

Lecture	Laboratory	Practical Exercise	Total
1:00			1:00

DESCRIPTION:

This course presents the various organized crime groups and how they pertain to health care and insurance fraud.

TERMINAL PERFORMANCE OBJECTIVE:

The student will become familiar with organized crime groups in the health care and insurance industry and gain an understanding of this growing trend. Risks relative to the monetary gain and the complexity of the language barriers will be discussed. Cases as well as common schemes will be presented.

INTERIM PERFORMANCE OBJECTIVES:

1. Identify segments of Organized Crime.

2. Identify health care scams, which have been perpetrated by organized crime groups.

3. Identify the difficulties of investigating organized crime.

4. Identify methods utilized to investigate organized crime.

METHOD OF EVALUATION: Demonstrated proficiency.

COURSE TITLE: Continuing Case Investigation/Practical Exercise

LENGTH OF PRESENTATION:

Lecture	Laboratory	Practical Exercise	Total
		11:00	11:00

DESCRIPTION:

This practical exercise threads through this training program by testing students on a health care fraud investigation scenario. Small teams of students will form an investigative plan on an emerging issue of health care fraud and determine the appropriate steps needed to successfully complete the investigation.

TERMINAL PERFORMANCE OBJECTIVE:

Given a case investigation scenario, the team of students will formulate an investigative plan and take the appropriate actions required to successfully complete a health care fraud investigation and present their investigative findings for prosecution.

INTERIM PERFORMANCE OBJECTIVES:

1. Analyze an initial fraud referral complaint from an insurance company.

2. Develop an investigative plan of action.

3. Determine relevant statutes that have been violated.

4. Analyze medical claims, billing records and financial documents.

5. Complete a Continuing Health Care Fraud Investigation.

6. Effectively present investigative findings to an Assistant U.S. Attorney for prosecution.

METHOD OF EVALUATION: Demonstrated proficiency.

COURSE INFORMATION
HCFITP

COURSE	**HOURS OF INSTRUCTION**			
	LECTURE	**LAB**	**PE**	**TOTAL**
Overview of Health Care Insurance and General Fraud Schemes	3:00			3:00
Health Care Fraud Statutes & Parallel Proceedings	6:00			6:00
Provider Fraud Profiles and Trends	8:00			8:00
Psychiatric Fraud	2:00			2:00
Financial Investigative Techniques	2:00		1:00	3:00
Intro. to Case Organization & Presentation	2:00		2:00	4:00
Data Analysis in Health Care Investigations	2:00		2:00	4:00
Health Care Sources of Information and Investigative Tools	1:00		2:00	3:00
Undercover Operations	1:00			1:00
Staged Accidents	1:00			1:00
Reviewing Medical Records	2:00		1:00	3:00
Cost Reports	2:00			2:00
Emerging Issues (Managed Care)	2:00			2:00
Introduction to Power Point	2:00			2:00
Introduction to Money Laundering	2:00			2:00
Organized Crime in Health Care	1:00			1:00
Continuing Case Investigation/P. E.			11:00	11:00
Subtotals:	39:00	0:00	19:00	58:00

Administrative Time:				
Orientation/Introduction	1:00			1:00
Closure	2:00			2:00
Sub Total Administrative Time:				3:00

TOTAL PROGRAM LENGTH:	
Lecture	39:00
Laboratory	00:00
Practical Exercise	19:00
Administration	03:00
TOTALS	61:00

SAMPLE SCHEDULE

The following is a typical schedule for the

HEALTH CARE FRAUD INVESTIGATIONS TRAINING PROGRAM

FEDERAL LAW ENFORCEMENT TRAINING CENTER

HEALTH CARE FRAUD INVESTIGATIONS TRAINING PROGRAM

MASTER SCHEDULE

Week One

Room: *Coordinator: Mr. Hawley*

	Monday	Tuesday	Wednesday	Thursday	Friday
7:30	**Travel Day**	Welcome/Orientation Break into Groups *FFI Staff*	Health Care Fraud Statutes/Parallel Proc.	Provider Fraud Profiles *HHA *Hospitals *Nursing Homes	Provider Fraud Profiles *In/Out Patient Psych *PHP *Ambulance
8:30		Overview of Health Care Insurance			
9:30			Provider Fraud Profiles *Physicians *Medical Labs		
10:30				Sources of Information Specific to Health Care	Undercover Operations
11:30 -12:30	#####	#####	#####	#####	#####
12:30		Health Care Fraud Statutes/Parallel Proc.	Provider Fraud Profiles *DME	Data Analysis Using Excel	HCFA CD-ROM Install/Research Regulations
1:30					
2:30			Distribute Referral	Data Analysis PE	Financial Invest. PE *Tracing Funds *Locating Asets *CDBInfoTec Demo
			Financial Investigative Techniques		
3:30					
Afterhrs					

FEDERAL LAW ENFORCEMENT TRAINING CENTER

HEALTH CARE FRAUD INVESTIGATIONS TRAINING PROGRAM

MASTER SCHEDULE

Week Two

Room: *Coordinator: Mr. Hawley*

	Monday	Tuesday	Wednesday	Thursday	Friday
7:30	Case Organization and Presentation	Reviewing Medical Records	Health Care Fraud PE	Organized Crime	
8:30				Health Care Fraud PE (Presentations)	
9:30	Money Laundering	Medical Records PE			
10:30		Staged Accident Schemes			
11:30 -12:30	#####	#####	#####	#####	#####
12:30	Cost Reports	Health Care Fraud PE	Health Care Fraud PE	Graduation/Closure	
1:30					
2:30	Intro to Computer Graphics (PowerPoint)		Managed Care		
3:30					
Afterhrs					